FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		RGANIZA	IIO	N		
		(See instruction	s)			Office use only
NAME OF COMMITTEE (in		Check if name s changed)		nple: If typying, type the lines	12FE4M5	
Advance Amo	erica Cash Advance	Centers Inc Po	olitical /	Action Committee		
ADDRESS (number and	d street)	Church Street				
(Check if address is changed)	ss LLL		11			
	Sparta	inburg		لبيبي	SC	29306
			CITY▲		STATE	ZIP CODE 🛦
COMMITTEE'S E-MA	AIL ADDRESS (Please p			ess)		
(Check if address is changed)	ss dpaint	er@kelleydrye.	com			
					1111	
(Check if address is changed) 2. DATE M 0:	M / D D / Y	Ý 0 Ý 9 Ý	1 1		1111	
3. FEC IDENTIFIC	ATION NUMBER	C	C00	429001		
4. IS THIS STATE	MENT NEW	(N) OR	X	AMENDED (A)		
I certify that I have exam	nined this Statement and to	the best of my know	vledge and	d belief it is true, correct an	d complete	_
Type or Print Name o	f Treasurer M	r. Dustin J Pain	ter			
Signature of Treasure	er Electronically Filed	by Mr. Dustin	J Paint	ter	Date 03	M
NOTE: Submission of f				ne person signing this State		
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)